

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213514991</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>American Lung Association</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>ME</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2013</b></p> <p>SCC ID NO: <b>F1822693</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: _1301 PENNSYLVANIA AVENUE SW #800</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WASHINGTON, DC 20004</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DON AWERKAMP PHD JD  TITLE: DIRECTOR  ADDRESS: AWERKAMP &amp; BONILLA PLC  CITY/ST/ZIP/CO: 6891 N ORACLE RD., STE 155  TUCSON, AZ 85704 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DON AWERKAMP PHD JD TITLE: DIRECTOR ADDRESS: AWERKAMP & BONILLA PLC CITY/ST/ZIP/CO: 6891 N ORACLE RD., STE 155 TUCSON, AZ 85704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DON AWERKAMP PHD JD TITLE: DIRECTOR ADDRESS: AWERKAMP & BONILLA PLC CITY/ST/ZIP/CO: 6891 N ORACLE RD., STE 155 TUCSON, AZ 85704	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KATHRYN A FORBES CPA  TITLE: DIRECTOR  ADDRESS: ELECTRIC APPLIATIONS  CITY/ST/ZIP/CO: 5706 NORTH CENTRAL AVE  PHOENIX, AZ 85012 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KATHRYN A FORBES CPA TITLE: DIRECTOR ADDRESS: ELECTRIC APPLIATIONS CITY/ST/ZIP/CO: 5706 NORTH CENTRAL AVE PHOENIX, AZ 85012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHRYN A FORBES CPA TITLE: DIRECTOR ADDRESS: ELECTRIC APPLIATIONS CITY/ST/ZIP/CO: 5706 NORTH CENTRAL AVE PHOENIX, AZ 85012	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Timothy Byrum  TITLE: DIRECTOR  ADDRESS: 1301 Pennsylvania Avenue, NW #800  CITY/ST/ZIP/CO: Washington, DC 20004 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Timothy Byrum TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Timothy Byrum TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Michael Carstens  TITLE: DIRECTOR  ADDRESS: 1301 Pennsylvania Avenue, NW #800  CITY/ST/ZIP/CO: Washington, DC 20004 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Michael Carstens TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Carstens TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Mario Castro  TITLE: DIRECTOR  ADDRESS: 1301 Pennsylvania Avenue, NW #800  CITY/ST/ZIP/CO: Washington, DC 20004 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Mario Castro TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Mario Castro TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Arthur Cerullo  TITLE: DIRECTOR  ADDRESS: 1301 Pennsylvania Avenue, NW #800  CITY/ST/ZIP/CO: Washington, DC 20004 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> OFFICER </td> <td style="width: 45%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Arthur Cerullo TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Arthur Cerullo TITLE: DIRECTOR ADDRESS: 1301 Pennsylvania Avenue, NW #800 CITY/ST/ZIP/CO: Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	Carolyn Clift	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	John Emanuel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Ernest Freeman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Pauline Grant	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Susan Griffin	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Virginia Hall	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Kelly Hamilton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Darius Joseph	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Elizabeth Baker Keffer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Venkatarama Koppaka	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Ross Lanzafame	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		

NAME:	Audrene Lojovich	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Angela Mastrofrancesco	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Stephen Nolan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Stephen O	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Harry Perlstadt	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Austin Pugh	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Jane Reardon	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Geri Reinardy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Albert Rizzo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Jonathon Rosen	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		
NAME:	Penny Siewert	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1301 Pennsylvania Avenue, NW #800		
CITY/ST/ZIP/CO:	Washington, DC 20004		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey Stein DIRECTOR 1301 Pennsylvania Avenue, NW #800 Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Walter Stone DIRECTOR 1301 Pennsylvania Avenue, NW #800 Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Tweel DIRECTOR 1301 Pennsylvania Avenue, NW #800 Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marcia Williams DIRECTOR 1301 Pennsylvania Avenue, NW #800 Washington, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles Connor PRESIDENT 1301 Pennsylvania Avenue, NW #800 Washington, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Charles Connor SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Charles Connor, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/26/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			